Conclusions: Repairing all hernias that come to surgical attention would not stop emergency hernia admissions as 74% of our patients had not seen a surgeon prior to the acute episode. However, in elderly patients, women, children, femoral types and recurrent hernias, early repair is advisable even if they are asymptomatic.

0237 HOW CLOSE ARE WE TO ACHIEVING THE QUALITY IMPROVEMENT FRAMEWORK (QIF) FOR ABDOMINAL AORTIC ANEURYSM (AAA) REPAIR: A TEMPORAL PROGRESSION

Jakub Kaczynski, Llion Davies, Ibrahim Azam, Charlotte Leaman, Louis Fligelstone. *ABM University Health Board, Morriston Hospital, Swansea, UK*

Aims: The aim of this work was to assess AAA patient management compared to the QIF guidelines and review our patient's outcomes.
Methods: We sampled 103 elective AAA notes, undergoing open repair between April 1999-July 2010. Demographic, pre operative workup and outcome details were recorded. The median AAA size was 6.5cm (range 3.7-12). There were 82 males (median age 74, range: 46-83 years) and 21 females (median age 75 range: 61-84 years).
Results: Seventy-three patients (70.9%) attended formal pre admission assessment clinic, while the remaining 30 patients (29.1%) were assessed during admission. The ASA grade breakdown was: I 1.9%; II 25.2%; III 68%; IV 4.9%. Co-existing ischaemic heart disease and COPD were 42.7% and 18.4% retrospectively. Cardiology review was obtained for 42.7% of patients and post 2002 reviews became more frequent ($p=0.002$). The overall post operative serious complication rate was 26.2%, with no operative deaths. Two and five year survival was 89.3% months and 85.3% respectively.
Conclusion: Local practice has pre-empted many of the requirements of the QIF, and the number of patients receiving cardiology review has increased over the last 10 years. There are still areas that need addressing if we are to fulfil all aspects of the QIF.

0240 EXPOSURE OF SURGICAL TRAINEES TO APPENDICECTOMY PROCEDURES – A TEN YEAR COMPARISON

Kate Hancorn, Tim Bullen, Michael Hawkes, Leah Mathews, Mark Tighe. *Warrington & Halton Hospitals NHS Foundation Trust, Warrington, UK*

Aims: Reform of the Surgical Registrar grade by Kenneth Calman (1993), Modernising Medical Careers (2005) and the resultant changes from European Working Time Directive (1998) have reduced hours spent in training: 30, 000 to 6, 000 hours. Traditionally an appendicectomy was an SHO teaching case and guide to ability. We used this index procedure to examine changes in surgical trainees experience over the last decade.
Methods: Retrospective review was performed using the hospital computer system and theatre log-book. Data was collated for consecutive appendicectomies performed at this institution over three 15 month periods: January 2000 to April 2001; January 2004 to April 2005 and January 2009 to April 2010. Cases were excluded if data was incomplete or if appendicectomy was not the primary surgery.
Results: Data from 900 cases were examined, 20 patients were excluded from analysis. The proportion of procedures by the SPR has increased 41.6% to 78.2%. The number of SHO appendicectomies has dropped from 49.2% cases to 11.9%.
Conclusions: Results demonstrate a marked reduction in appendicectomy procedures performed by an SHO (1/5) and a decrease in theatre experience that has been generally accepted but not measured. This analysis highlights need for a structured operative training programme.

0245 MEDICAL STUDENT SURGICAL TRAINING: THE POSITIVE IMPACT OF A STUDENT ON-CALL TRANSPLANT ROTA

Saurabh Singh [1], Philip Yang Xiu [1], Jordan Skittrall [1], Chris J Callaghan [2], Satheesh Iype [2]. [1] *University of Cambridge, Cambridge, UK;* [1] *Department of Surgery, University of Cambridge, Cambridge, UK*

Aims: Due to limited exposure to transplant surgery in most medical curricula, we evaluated an on-call transplantation rota to determine whether participation increases confidence and competence of students in performing surgical skills.
Methods: Data were collected prospectively at enrolment and after each callout, using a six-item Likert-type self-assessment questionnaire. Initially, students were dichotomised into those with previous transplantation experience (n=13) and without (n=14); subsequently a t-test was utilised. Responses for the entire period and to individual questions were analysed using a linear mixed effects model to account for the confounding factors.
Results: Although data collection is on-going, there is greater reported confidence amongst those who have taken part in call-outs compared with those who have not ($p<0.01$). Analysis of linear mixed effects regressions shows variation between the effects of participation by students in the on-call rota on self-reported confidence in different areas associated with the transplantation process.
Conclusions: Student participation in an on-call transplant rota is associated with a reported improvement in confidence in a number of surgical areas. The change in reported confidence with respect to number of callouts differs between surgical areas considered, suggesting areas where attention could be directed towards alteration of surgical teaching especially in transplantation.

0246 HOW LONG SHOULD POST-OPERATIVE PROPHYLACTIC ANTIBIOTICS BE GIVEN TO PREVENT INTRA-ABDOMINAL INFECTIONS FOLLOWING APPENDICECTOMY FOR SIMPLE AND COMPLICATED APPENDICITIS?

Michael Hughes, Ewen Harrison, Simon Paterson-Brown. *Royal Infirmary of Edinburgh, Edinburgh, UK*

Aims: Appendicectomies are associated with postoperative intra-abdominal infections (IAIs). This study assesses the affects that lengths of post-operative prophylactic antibiotic regimens have on IAIs.
Methods: Data on patients who underwent appendicectomy between August 2009 and August 2010 were reviewed. Operative findings, technique, patient physiology and antibiotic regimens were determined. Chi-square and multivariate regression analyses were constructed to establish associations and predictors of IAIs.
Results: 266 patients underwent appendicectomy for normal/simple appendicitis (n=188) or complicated appendicitis (n=78). 18 (6.7%) IAIs were observed - eight following normal/simple appendicitis, 10 following complicated appendicitis. Prolonged post-operative antibiotic course length did not result in a significant difference in IAI incidence in normal/simple appendicitis {no antibiotics (n=50) -2 IAIs (4%); </=5 days antibiotics(n=106) -4 IAIs (3.8%); >5 days antibiotics(n=32) -2 IAIs (6.2%); p=0.632} or complicated appendicitis {no antibiotics(n=2) -0 IAIs (0%), </=5 days antibiotics(n=32) -3 IAIs (9.4%), >5 days antibiotics(n=44) -7 IAIs (15.9%); p=0.321}. In complicated appendicitis, stopping IV antibiotics when signs of sepsis (leukocytosis and/or pyrexia) were evident was significantly predictive of developing IAIs (OR 8.31; p=0.013).
Conclusions: Prolonging post-operative antibiotic courses is not preventative of IAIs and should be discouraged. However, in complicated appendicitis, IV antibiotics should be continued until signs of sepsis have gone.

0247 SHOULD LAPAROSCOPIC APPENDICECTOMY BE PERFORMED IF THE APPENDIX APPEARS NORMAL ON INSPECTION?

Michael Hughes, Ewen Harrison, Simon Paterson-Brown. *Royal Infirmary of Edinurgh, Edinburgh, UK*

Aims: Laparoscopic appendicectomy is often performed even when the appendix appears normal. This study assesses the accuracy of macroscopic assessment of the appendix when compared to pathological assessment. It also assesses rates of intra-abdominal infection (IAI) and wound infection (WI) in this population.
Methods: Data on all patients who underwent a laparoscopic appendicectomy between August 2009 and August 2010 were reviewed. All